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Debtor 1 **Ralph E. Sanders**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No

☐ Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount
Creditor's Name _____ Number Street _____ City State ZIP Code _____ Last 4 digits of account number: XXXX-____	_____	\$ _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No

☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____		_____	\$ _____
		_____	\$ _____
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____		_____	\$ _____
		_____	\$ _____

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Debtor 1

Ralph E. Sanders

First Name Middle Name Last Name

Case number (if known)

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>Bobbie Rives vs.</u>	Lawsuit	<u>Superior court of County of Orange</u>	<input checked="" type="checkbox"/> Pending
<u>Ralph Sanders</u>		<u>700 Civic Center Drive, West</u>	<input type="checkbox"/> On appeal
Case number <u>30-2016-00863391</u>		<u>Santa Ana CA 92701</u>	<input type="checkbox"/> Concluded
		City State ZIP Code	
Case title <u>Lamita Pette vs.</u>	Lawsuit	<u>Superior Court of San Diego Cnty</u>	<input checked="" type="checkbox"/> Pending
<u>Ralph Sanders</u>		<u>220 &amp; 330 W. Broadway</u>	<input type="checkbox"/> On appeal
Case number <u>37-2015-00015654</u>		<u>San Diego CA 92101</u>	<input type="checkbox"/> Concluded
		City State ZIP Code	

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____	_____	\$ _____
Number Street _____		
City State ZIP Code _____		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
Creditor's Name _____	_____	\$ _____
Number Street _____		
City State ZIP Code _____		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		

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Debtor 1 **Ralph E. Sanders** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$800 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$800	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City State ZIP Code			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
			\$ _____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy:

- ☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		\$ _____
		\$ _____
City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		

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Debtor 1 **Ralph E. Sanders**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		\$
Number Street		\$
City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		\$
Number Street		\$
City State ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

☒ No  
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		
Number Street		
City State ZIP Code		
Person's relationship to you		
Person Who Received Transfer		
Number Street		
City State ZIP Code		
Person's relationship to you		

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Debtor 1 **Ralph E. Sanders** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
_____ Number Street _____ City State ZIP Code	_____ Name _____ Number Street _____ City State ZIP Code	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

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Debtor 1 Ralph E. Sanders Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No
Number Street	Number Street		<input type="checkbox"/> Yes
City State ZIP Code	City State ZIP Code		

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

	Where is the property?	Describe the property	Value
Owner's Name			\$ _____
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

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Debtor 1 **Ralph E. Sanders** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending
	Number Street		<input type="checkbox"/> On appeal
Case number	City State ZIP Code		<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Business Name	EIN: _____
Number Street	Dates business existed
	From _____ To _____
City State ZIP Code	Employer identification number Do not include Social Security number or ITIN.
Describe the nature of the business	EIN: _____
Business Name	Dates business existed
Number Street	From _____ To _____
City State ZIP Code	

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Debtor 1 Ralph E. Sanders Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Describe the nature of the business \_\_\_\_\_  
Business Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

Employer identification number  
Do not include Social Security number or ITIN.  
EIN: \_\_\_\_\_  
Dates business existed  
From \_\_\_\_\_ To \_\_\_\_\_

Name of accountant or bookkeeper \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Date issued \_\_\_\_\_  
Name \_\_\_\_\_ MM / DD / YYYY  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Ralph E. Sanders X  
Signature of Debtor 1 Signature of Debtor 2  
Date 01/25/2017 Date \_\_\_\_\_

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☐ No  
☒ Yes. Name of person Grady Vickers Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



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B2800 (Form 2800) (12/15)

**United States Bankruptcy Court**  
Central District of California

In re Ralph E. Sanders  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

**DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER**  
[Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).]

1. Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For document preparation services I have agreed to accept..... \$ 200.00  
Prior to the filing of this statement I have received..... \$ 200.00  
Balance Due..... \$ 0.00

2. I have prepared or caused to be prepared the following documents (itemize):

and provided the following services (itemize): *Please see attachment*

3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify)

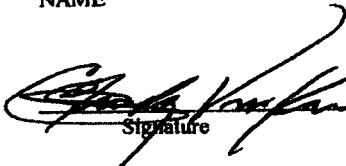
4. The source of compensation to be paid to me is:  
☐ Debtor ☐ Other (specify)

5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case.

6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below:

NAME

SOCIAL SECURITY NUMBER

  
Signature

559-84-4673

01/25/2017

Social Security number of bankruptcy  
petition preparer\*

Date

Grady Vickers

19252 Kanbridge Street, Apple Valley, CA 92308

Printed name and title, if any, of  
Bankruptcy Petition Preparer

Address

\* If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

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Debtor 1 **Ralph E. Sanders**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 385(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

☐ No

☐ Yes

Description of leased property:

Lessor's name:

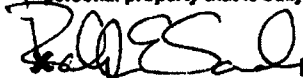
☐ No

☐ Yes

Description of leased property:

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

 **Ralph E. Sanders** X

Signature of Debtor 1

Signature of Debtor 2

Date 01/25/2017  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Ralph E. Sanders</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Central District of California			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: 800 Loanmart

Description of property securing debt: 2011 Honda Accord

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a Reaffirmation Agreement.
- ☒ Retain the property and (explain): continue to make a regular payment

- ☐ No
- ☒ Yes

Creditor's name:

Description of property securing debt:

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a Reaffirmation Agreement.
- ☐ Retain the property and (explain): \_\_\_\_\_

- ☐ No
- ☐ Yes

Creditor's name:

Description of property securing debt:

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a Reaffirmation Agreement.
- ☐ Retain the property and (explain): \_\_\_\_\_

- ☐ No
- ☐ Yes

Creditor's name:

Description of property securing debt:

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a Reaffirmation Agreement.
- ☐ Retain the property and (explain): \_\_\_\_\_

- ☐ No
- ☐ Yes

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Debtor 1 **Ralph E. Sanders**  
First Name Middle Name Last Name

Case number (if known)

**Part 2: Declaration and Signature of the Bankruptcy Petition Preparer**

**Under penalty of perjury, I declare that:**

- ☒ I am a bankruptcy petition preparer or the officer, principal, responsible person, or partner of a bankruptcy petition preparer;
- ☒ I or my firm prepared the documents listed below and gave the debtor a copy of them and the *Notice to Debtor by Bankruptcy Petition Preparer* as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and
- ☒ if rules or guidelines are established according to 11 U.S.C. § 110(h) setting a maximum fee for services that bankruptcy petition preparers may charge, I or my firm notified the debtor of the maximum amount before preparing any document for filing or before accepting any fee from the debtor.

**Grady Vickers**

Printed name Title, if any Firm name, if it applies

19252 Kanbridge Street

Number Street

Apple Valley

CA

92308

(760) 964-1300

City

State

ZIP Code

Contact phone

I or my firm prepared the documents checked below and the completed declaration is made a part of each document that I check:  
(Check all that apply.)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Voluntary Petition (Form 101)  | <input checked="" type="checkbox"/> Schedule I (Form 106I)   | <input type="checkbox"/> Chapter 11 Statement of Your Current Monthly Income (Form 122B)  |
| <input checked="" type="checkbox"/> Statement About Your Social Security Numbers (Form 121)                                  | <input checked="" type="checkbox"/> Schedule J (Form 106J)   | <input type="checkbox"/> Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Form 122C-1) |
| <input checked="" type="checkbox"/> Summary of Your Assets and Liabilities and Certain Statistical Information (Form 106Sum) | <input checked="" type="checkbox"/> Declaration About an Individual Debtor's Schedules (Form 106Dec)                     | <input type="checkbox"/> Chapter 13 Calculation of Your Disposable Income (Form 122C-2)   |
| <input checked="" type="checkbox"/> Schedule A/B (Form 106A/B)   | <input checked="" type="checkbox"/> Statement of Financial Affairs (Form 107)  | <input type="checkbox"/> Application to Pay Filing Fee in Installments (Form 103A)  |
| <input checked="" type="checkbox"/> Schedule C (Form 106C)   | <input checked="" type="checkbox"/> Statement of Intention for Individuals Filing Under Chapter 7 (Form 108)             | <input type="checkbox"/> Application to Have Chapter 7 Filing Fee Waived (Form 103B)  |
| <input checked="" type="checkbox"/> Schedule D (Form 106D)   | <input checked="" type="checkbox"/> Chapter 7 Statement of Your Current Monthly Income (Form 122A-1)                     | <input checked="" type="checkbox"/> A list of names and addresses of all creditors (creditor or mailing matrix)                 |
| <input checked="" type="checkbox"/> Schedule E/F (Form 106E/F)   | <input checked="" type="checkbox"/> Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Form 122A-1Supp) | <input checked="" type="checkbox"/> Other <u>Please see attachment</u>  |
| <input checked="" type="checkbox"/> Schedule G (Form 106G)   | <input checked="" type="checkbox"/> Chapter 7 Means Test Calculation (Form 122A-2)                                       |   |
| <input checked="" type="checkbox"/> Schedule H (Form 106H)   |  |   |

Bankruptcy petition preparers must sign and give their Social Security numbers. If more than one bankruptcy petition preparer prepared the documents to which this declaration applies, the signature and Social Security number of each preparer must be provided. 11 U.S.C. § 110.

  
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner

5 5 9 - 8 4 - 4 6 7 3  
Social Security number of person who signed

Date 01/25/2017  
MM / DD / YYYY

**Grady Vickers**

Printed name

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner

Social Security number of person who signed

Date  
MM / DD / YYYY

Printed name

I have prepared or caused to be prepared the following documents itemize:

Statement About Your Social Security Numbers (Form 121)  
Voluntary Petition (Form 101)  
Statement of Related Cases Information required by LBR 1015.2 (F 1015-2.1)  
Summary of Your Assets and Liabilities and Certain Statistical Information (Form 106 Sum)  
Schedule A/B (Form 106A/B)  
Schedule C (Form 106C)  
Schedule D (Form 106D)  
Schedule E/F (Form 106E/F)  
Schedule G (Form 106G)  
Schedule H (Form 106H)  
Schedule I (Form 106I)  
Schedule J (Form 106J)  
Declaration About an Individual Debtor's Schedules (Form 106Dec)  
Statement of Financial Affairs (Form 107)  
Disclosure of Compensation of Bankruptcy Petition Preparer (Form 2800)  
Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Form 119)  
Declaration by Debtor as to whether income was received from an employer (F 1002-1)  
Statement of Intention for Individuals Filing Under Chapter 7 (Form 108)  
Chapter 7 Statement of Your Current Monthly Income (Form 122A-1)  
Statement of Exemption from Presumption of Abuse Under 707(b)(2) (Form 122A-1 Supp)  
Chapter 7 Means Test Calculation (Form 122A-2)  
Verification of Master Mailing List of Creditors  
A list of names and addresses of all creditors (Master mailing list of creditors)

Fill in this information to identify your case

Debtor 1 Ralph E. Sanders  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number  
(if known) \_\_\_\_\_

Check one box only as directed in this form and in Form 122A-1Supp

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A-1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$
5. Net income from operating a business, profession, or farm	Debtor 1 Debtor 2	
Gross receipts (before all deductions)	\$	\$
Ordinary and necessary operating expenses	-\$	-\$
Net monthly income from a business, profession, or farm	\$ 0.00	\$
6. Net income from rental and other real property	Debtor 1 Debtor 2	
Gross receipts (before all deductions)	\$	\$
Ordinary and necessary operating expenses	-\$	-\$
Net monthly income from rental or other real property	\$ 0.00	\$
7. Interest, dividends, and royalties	\$ 0.00	\$

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Debtor 1 Ralph E. Sanders  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓		
For you	\$	
For your spouse	\$	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$
	\$ 0.00	\$
Total amounts from separate pages, if any.	+ \$ 0.00	+ \$
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 0.00 +	\$ = \$ 0.00 Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

12. Calculate your current monthly income for the year. Follow these steps:

- 12a. Copy your total current monthly income from line 11. Copy line 11 here → \$ 0.00  
Multiply by 12 (the number of months in a year). x 12  
12b. The result is your annual income for this part of the form. 12b. \$ 0.00

13. Calculate the median family income that applies to you. Follow these steps:

- Fill in the state in which you live. California
- Fill in the number of people in your household. 1
- Fill in the median family income for your state and size of household. 13. \$ 51,763.00
- To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.
- 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Ralph E. Sanders X  
Signature of Debtor 1

Signature of Debtor 2

Date 01/25/2017  
MM / DD / YYYY

Date  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	Ralph E. Sanders		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Central District of California			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 122A-1Supp

### Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

#### Part 1: Identify the Kind of Debts You Have

1. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

- ☐ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☒ Yes. Go to Part 2.

#### Part 2: Determine Whether Military Service Provisions Apply to You

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?

- ☒ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?  
10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. Are you or have you been a Reservist or member of the National Guard?

- ☒ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:

- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.



Fill in this information to identify your case:

Debtor 1 Ralph E. Sanders  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Central District of California

Case number \_\_\_\_\_  
(if known)

Check the appropriate box indicating how you calculated your adjusted income (see Appendix).

According to the calculations required by this Statement:

☒ 1. There is no presumption of abuse.

☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

## Official Form 122A-2

### Chapter 7 Means Test Calculation

4/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. \_\_\_\_\_ Copy line 11 from Official Form 122A-1 here → \$ 0.00

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☒ No. Fill in \$0 for the total on line 3.
- ☐ Yes. Is your spouse filing with you?
- ☐ No. Go to line 3.
- ☐ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☒ No. Fill in 0 for the total on line 3.
- ☐ Yes. Fill in the information below:

State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	Fill in the amount you are subtracting from your spouse's income
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total _____	\$ <u>0.00</u>

Copy total here → - \$ 0.00

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$ 0.00

## **EXHIBIT 2**

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Debtor 1 **Ralph E. Sanders**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1
---

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 570.00

**7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

**7a. Out-of-pocket health care allowance per person**

\$ 54.00

**7b. Number of people who are under 65**

x 1

**7c. Subtotal. Multiply line 7a by line 7b.**

\$ 54.00 Copy here → \$ 54.00

**People who are 65 years of age or older**

**7d. Out-of-pocket health care allowance per person**

\$ \_\_\_\_\_

**7e. Number of people who are 65 or older**

x \_\_\_\_\_

**7f. Subtotal. Multiply line 7d by line 7e.**

\$ \_\_\_\_\_ Copy here → + \$ \_\_\_\_\_

**7g. Total. Add lines 7c and 7f.**

\$ 54.00

Copy total here → \$ 54.00

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Debtor 1 **Ralph E. Sanders** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.  
This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 150.00

9. Housing and utilities – Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 2,216.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total average monthly payment	\$ <u>0.00</u> Copy here → - \$ <u>0.00</u> Repeat this amount on line 33a.

9c. Net mortgage or rent expense.  
Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0. \$ 2,216.00 Copy here → \$ 2,216.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: \_\_\_\_\_

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☒ 1. Go to line 12.
- ☐ 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. \$ 266.00

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Debtor 1 Ralph E. Sanders Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2011 Honda Accord

13a. Ownership or leasing costs using IRS Local Standard. \$ 471.00

13b. Average monthly payment for all debts secured by Vehicle 1.  
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<u>800 Loanmart</u>	\$ <u>686.00</u>

+ \$ \_\_\_\_\_

Total average monthly payment

\$ 686.00

Copy here →

— \$ 686.00

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

\$ 0.00

Copy net Vehicle 1 expense here →

\$ 0.00

Vehicle 2 Describe Vehicle 2: \_\_\_\_\_

13d. Ownership or leasing costs using IRS Local Standard. \$ \_\_\_\_\_

13e. Average monthly payment for all debts secured by Vehicle 2.  
Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
_____	\$ _____

+ \$ \_\_\_\_\_

Total average monthly payment

\$ 0

Copy here →

— \$ 0

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

\$ 0.00

Copy net Vehicle 2 expense here →

\$ 0.00

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$ 173.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$ 0.00

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Debtor 1 **Ralph E. Sanders** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ 0.00

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00

18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00

20. **Education:** The total monthly amount that you pay for education that is either required:  
■ as a condition for your job, or  
■ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ 0.00

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. + \$ 0.00

24. **Add all of the expenses allowed under the IRS expense allowances.**  
Add lines 6 through 23. \$ 3,429.00

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Debtor 1 **Ralph E. Sanders** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.  
Note: Do not include any expense allowances listed in lines 6-24.

25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 0.00

Disability insurance \$ 0.00

Health savings account + \$ 0

Total \$ 0.00 Copy total here → \$ 0.00

Do you actually spend this total amount?

- ☐ No. How much do you actually spend? \$ \_\_\_\_\_  
☐ Yes

26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ 0.00

27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00  
By law, the court must keep the nature of these expenses confidential.

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. \$ 0.00  
You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ 0.00  
You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.  
\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ 0.00  
To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.  
You must show that the additional amount claimed is reasonable and necessary.

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). + \$ 0.00

32. Add all of the additional expense deductions.  
Add lines 25 through 31.

\$ 0.00

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Debtor 1 Ralph E. Sanders Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Deductions for Debt Payment**

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment
<b>Mortgages on your home:</b>		
33a. Copy line 9b here	→	\$ 0.00
<b>Loans on your first two vehicles:</b>		
33b. Copy line 13b here	→	\$ 686.00
33c. Copy line 13e here	→	\$ 0
33d. List other secured debts:		
Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
_____	_____	<input type="checkbox"/> No \$ _____
_____	_____	<input type="checkbox"/> Yes \$ _____
_____	_____	<input type="checkbox"/> No \$ _____
_____	_____	<input type="checkbox"/> Yes \$ _____
_____	_____	<input type="checkbox"/> No + \$ _____
_____	_____	<input type="checkbox"/> Yes + \$ _____
33e. Total average monthly payment. Add lines 33a through 33d.		\$ 686.00
		Copy total here → \$ 686.00

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.  
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____ + 60 =	\$ _____
_____	_____	\$ _____ + 60 =	\$ _____
_____	_____	\$ _____ + 60 =	\$ _____
		Total	\$ 0.00
			Copy total here → \$ 0.00

35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☒ No. Go to line 36.  
☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 0.00 + 60 = \$ 0.00



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Debtor 1 Ralph E. Sanders Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).  
For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

☒ No. Go to line 37.

☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x \_\_\_\_\_

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 \$ \_\_\_\_\_

Copy total  
here →

\$ \_\_\_\_\_

37. Add all of the deductions for debt payment.  
Add lines 33e through 36. \_\_\_\_\_

\$ 686.00

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS  
expense allowances \$ 3,429.00

Copy line 32, All of the additional expense deductions \$ 0.00

Copy line 37, All of the deductions for debt payment + \$ 686.00

Total deductions \$ 4,115.00

Copy total here →

\$ 4,115.00

**Part 3: Determine Whether There is a Presumption of Abuse**

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income \$ 0.00

39b. Copy line 38, Total deductions - \$ 4,115.00

39c. Monthly disposable income, 11 U.S.C. § 707(b)(2).  
Subtract line 39b from line 39a. \$ 0.00

Copy  
here →

\$ 0.00

For the next 60 months (5 years) \_\_\_\_\_

x 60

39d. Total. Multiply line 39c by 60. \_\_\_\_\_

\$ 0.00

Copy  
here →

\$ 0.00

40. Find out whether there is a presumption of abuse. Check the box that applies:

☒ The line 39d is less than \$7,700\*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

☐ The line 39d is more than \$12,850\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

☐ The line 39d is at least \$7,700\*, but not more than \$12,850\*. Go to line 41.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

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Debtor 1 Ralph E. Sanders Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filed out A  
Summary of Your Assets and Liabilities and Certain Statistical Information Schedules  
(Official Form 106Sum), you may refer to line 3b on that form.....

\$ 387,097.00

x .25

- 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I).  
Multiply line 41a by 0.25.....

\$ 96,774.00

Copy  
here →

\$ 96,774.00

42. Determine whether the income you have left over after subtracting all allowed deductions  
is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

☒ Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*  
Go to Part 5.

☐ Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption  
of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

**Part 4: Give Details About Special Circumstances**

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no  
reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

☐ No. Go to Part 5.

☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment  
for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income  
adjustments necessary and reasonable. You must also give your case trustee documentation of your actual  
expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense  
or income adjustment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Part 5: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Ralph E. Sanders  
Signature of Debtor 1

x \_\_\_\_\_  
Signature of Debtor 2

Date 01/25/2017  
MM/DD /YYYY

Date \_\_\_\_\_  
MM/DD /YYYY

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 4 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Ralph E. Sanders Ralph E. Sanders  
Signature of Debtor 1

**Signature of Debtor 2 (joint debtor) (if applicable)**

**Signature of Attorney for Debtor (if applicable)**

## **Master Mailing List of Creditors**

Ralph E. Sanders  
121 W. Bishop Street  
Santa Ana, California 92703

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800 Loan Mart  
P. O. Box 260210  
Encino, California 91426

ASC/Wells Fargo Education  
P. O. Box 5185  
Sioux Falls, SD 57117-5185

Bobbie Rives  
C/O Witham Mahoney & Abbott, LLP  
401 B Street  
San Diego, California 92101

Convergent  
P. O. Box 9004  
Renton, WA 98057

Daniel W. Abbott, Esq.  
C/O Witham Mahoney & Abbott, LLP  
401 B Street  
San Diego, California 92101

Department of Education  
121 South 13<sup>th</sup> Street  
Lincoln, NE 68508

Department of the Treasury  
Internal Revenue Service  
Fresno, CA 93888-0030

Hosey & Bahrambeygui, Attorney at Law, LLP  
225 Broadway, Suite 1460  
San Diego, CA 92101

Larnita Pette  
C/O Witham Mahoney & Abbott, LLP  
401 B Street  
San Diego, California 92101

Loanme, Inc.  
1900 S. State College Blvd., #300  
Anaheim, CA 92806

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Luis Ventura  
960 Cordova Drive  
Chula Vista, CA 91910

Northland Group, Inc.  
P. O. Box 390846  
Minneapolis, MN 55439

OC Global Medical Center  
1001 N. Tustin Avenue  
Santa Ana, CA 92705

Plain Green, LLC  
P. O. Box 270  
Box Elder, MT 59521

Stephen D. Blea, Esq.  
C/O Witham Mahoney & Abbott, LLP  
401 B Street  
San Diego, CA 92101

Superior Court of the State of California  
County of Orange, Central Justice Center  
700 Civic Center Drive, West  
Santa Ana, CA 92701

Superior Court of the State of California  
County of San Diego, Central Division  
220 W. Broadway  
San Diego, CA 92101

Superior Court of the State of California  
County of San Diego, Central Division  
330 W. Broadway  
San Diego, CA 92101

SYNCB/Walmart  
P. O Box 965024  
Orlando, FL 32896

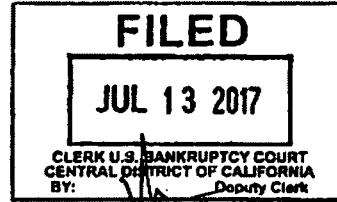
Walmart  
P. O. Box 103027  
Roswell, GA 30076

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**Witham Mahoney & Abbott, LLP**  
**401 B Street**  
**San Diego, CA 92101**

**Spotloan**  
**P. O. Box 927**  
**Palapine, IL 60078**

ORIGINAL



Larnita Pette  
2588 El Camino Real, Suite F-195  
Carlsbad, CA 92008  
Mobile: (707) 853-2049  
E-Mail: larnita.pette@gmail.com

Plaintiff: PRO SE

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION

In re:

13	RALPH E. SANDERS	) Case No.: 8:17-bk-10265-MW
14	Debtor,	) Chapter: 7
15		) Adv. No.: 8:17-ap-01068-MW
16		) <b>AMENDED COMPLAINT FOR</b>
17	Larnita Pette,	) <b>NONDISCHARGEABILITY OF PENDING</b>
18	Plaintiff,	) <b>LAWSUITS PURSUANT TO 11 U.S.C</b>
19	vs.	) <b>§523(a)(6) AND/OR 11 U.S.C.</b>
20	Ralph E. Sanders,	) <b>§727(a)(4)(A)(B)</b>
21	Defendant	)

Under the provisions of Federal Rules of Bankruptcy Procedure Rule 7015 (FRCP Rule 15(a)) Larnita Pette (the "Plaintiff") amends the original complaint. Plaintiff complains of Debtor Ralph E. Sanders ("The Defendant") that in an attempt to defeat pending civil lawsuits filed in California Superior Courts in San Diego and Orange Counties, he filed for Chapter 7 bankruptcy protection. The Defendant's willful and malicious conduct damaged Plaintiff and resulted in the



1 pending lawsuits. Additionally, Plaintiff objects to a Chapter 7 discharge of the two lawsuits  
2 based on the false oath and claims made by Defendant in his Chapter 7 schedules.

### 3 JURISDICTION AND VENUE

4 1. This Court has jurisdiction over the subject matter of this adversary proceeding  
5 pursuant to the provisions of 28 U.S.C. §1334. This adversary proceeding relates to the Chapter 7  
6 Bankruptcy case of Ralph E. Sanders, Case No. 8:17-bk-10265-MW, now pending in the United  
7 States Bankruptcy Court for the Central District of California, Santa Ana Division.

8 2. Venue herein is proper pursuant to the provisions of 28 U.S.C. §1409.

### 9 STATEMENTS OF FACT

10 3. On January 25, 2017, Defendant filed a voluntary petition for relief under the  
11 provisions of Chapter 7 of the United States Bankruptcy Code as the result of being the defendant  
12 in two pending lawsuits.

13 4. Defendant failed to disclose in the Chapter 7 bankruptcy petition that he was and is  
14 a beneficiary and Co-Trustee of The Bobbye J. Rives Trust (the "Trust").

15 5. Defendant failed to disclose in the Chapter 7 bankruptcy schedules that he received  
16 in excess of \$98,600 in inheritance and compensation from the Trust as a beneficiary and Co-  
17 Trustee. Defendant deliberately concealed the income and assets he received from the Trust.

18 6. On August 15, 2014, the Plaintiff was present at a hearing in San Diego County  
19 Superior Court (the "SDCSC") case 37-2014-00024600-CU-PT-NC resulting from a temporary  
20 protective order (TPO) filed by the Bobbye J. Rives (the "Decedent") against the Plaintiff. The  
21 Decedent, Defendant and an Adult Protective Services worker were present. Plaintiff was  
22 represented by counsel.

23 (A) The Plaintiff's presented responsive evidence at the TPO hearing that, in  
24 fact indicated that the Plaintiff was the victim of attacks committed by the  
25 Decedent, her mother. Plaintiff's response included hospital and Sheriff's records.  
26 The court continued the hearing to allow Decedent to have the Plaintiff's responses  
27 read to her by the Defendant and APS worker. The Decedent suffered from a  
28 severe hearing impairment, diabetes-related vision loss and was nearly blind. The

1 Decedent also suffered from impaired kidney function, congestive heart failure and  
2 cognitive impairment.

3 (B) The Defendant and APS worker represented to the court that they would  
4 read the Plaintiff's response to the Decedent.

5 (C) Although the Defendant was aware of the Plaintiff's abuse by the  
6 Decedent, the Defendant willfully and maliciously continued to publish and make  
7 defamatory and libelous statements about the Plaintiff. This behavior resulted in  
8 the Plaintiff filing a civil lawsuit against the Defendant.

9 7. Plaintiff filed a civil lawsuit on May 8, 2015 for Elder Abuse, Wrongful Death and  
10 Defamation among other causes of action in SDCSC (case 37-2015-000-15654-CU-PO-CTL).

11 8. The SDCSC allegations state that Sanders was negligent, willful and malicious:

12 (A) As an agent for Mrs. Bobbye J. Rives (the "Decedent") with a Durable  
13 Power of Attorney over Decedent's health and financial affairs, Defendant failed  
14 to provide the minimal caregiver services the Decedent required to maintain her  
15 health and safety.

16 (B) As an Interested Person on behalf of the Decedent, Plaintiff alleges  
17 "DEFENDENTS tortious conduct was the actual and proximate cause of  
18 DECEDENT'S...rapid health deterioration, the need for emergency medical  
19 intervention, and eventual death".

20 (C) Furthermore, Defendant published or caused to be published two  
21 defamatory letters, (1) dated November 12, 2012 accusing Plaintiff of the crime of  
22 Elder Abuse by stating that "Plaintiff physically assaulted the DECEDENT, her  
23 own mother, and had her forcibly removed from her home and admitted against  
24 her will for a psychological evaluation". The statement is false. And (2) September  
25 16, 2014 states that "Plaintiff had no rights under DECEDENT'S will and trust and  
26 was further not permitted to enter DECEDENT'S house in connection with any  
27 funeral services". The statement is false. No civil or criminal complaints were ever  
28

1 filed against Plaintiff by Russell Griffith, attorney at law (the author of both  
2 letters), the Defendant or the Decedent.

3 (D) The Defendant willfully and maliciously disseminated the two letters to  
4 relatives, neighbors, and friends at a reception following the Decedent's memorial  
5 services, to staff at Scripps Memorial Hospital, to staff at Las Villas de Carlsbad  
6 nursing facility and to staff at Eternal Hills Mortuary.

7 (E) The letters are libelous and expose Plaintiff to hatred, contempt and  
8 ridicule due to the false statements made about the Plaintiff.

9 9. Beginning on or about January 20, 2016, Defendant made representations through  
10 Patrick Hosey, his attorney for the SDCSC case, that he was on the verge of bankruptcy and  
11 would be seriously considering filing for Bankruptcy within 60 days. The Defendant received  
12 over \$90,000 from the Trust in 2015 according to the First Accounting of the Trust as of  
13 November 30, 2015.

14 10. On February 23, 2016, the Defendant and Co-Trustee, Beverly Murray-Calcutt  
15 hired additional counsel and filed an Anti-SLAPP motion against Plaintiff to remove Defamation  
16 and Negligence Causes of Action from the First Amended Complaint of the SDCSC lawsuit.

17 11. On May 23, 2016 a Mandatory Settlement Conference (MSC) was held for the  
18 SDCSC case. The Defendant and Co-Trustee, Beverly Murray-Calcutt represented to the Court  
19 that both were insolvent and were considering filing for bankruptcy.

20 12. On July 13, 2016, Plaintiff filed a Petition for Removal (Orange County Superior  
21 Court case 30-2016-00863391-PR-TR-CJC (the "OCSC")) to preserve the remaining assets of the  
22 Trust and asked that the remaining Trust assets be frozen. The assets of the Trust were ordered  
23 frozen by the Court.

24 13. The OCSC allegations state that the Defendant and his Co-Trustee, Beverly  
25 Murray-Calcutt, acting as Trustees of the Trust willfully and maliciously breached the fiduciary  
26 duty owed to the beneficiaries of the Trust.

27 (A) The Co-Trustees made haphazard distributions to themselves at their  
28 discretion, while the other beneficiaries had to wait until the Co-Trustees decided

1 to provide distributions to the other beneficiaries. The Co-Trustees also made  
2 improper distributions to themselves.

3 (B) The Co-Trustees double-charged costs of the selling Decedent's residence  
4 to the Trust.

5 (C) The Co-Trustees sold the residence for significantly below fair market  
6 value.

7 (D) The Co-Trustees agreed to hire Joseph Calcote, husband of Co-Trustee  
8 Beverly Murray-Calcote, as the listing agent to sell the residence, which enriched  
9 the Co-Trustee Beverly Murray-Calcote to the detriment of the other beneficiaries.

10 14. On August 26, 2016, SDCSC denied the Defendant's Anti-SLAPP motion.

11 15. On April 21, 2017, the civil trial was scheduled to begin in the SDCSC case. The  
12 Defendant filed for bankruptcy on January 25, 2017, 3 months before the civil trial was scheduled  
13 to start and within weeks of all mandatory trial cutoff dates.

14 16. It is the Plaintiff is informed and believes that the Defendant and his Co-Trustee,  
15 Beverly Murray-Calcote and Co-Defendant in the civil lawsuits, filed for a Chapter 7 bankruptcy  
16 specifically to defeat the pending lawsuits.

17 (A) On, January 25, 2017, Defendant filed for Chapter 7 bankruptcy protection.

18 (B) On February 17, 2017, Beverly Murray-Calcote (Case No.: 2:17-bk-11972-  
19 RK) filed for Chapter 7 bankruptcy protection in the Los Angeles Division of the  
20 Central California Bankruptcy Court.

21 (C) Both Co-Defendants in the civil lawsuits ("Sanders and Murray-Calcote")  
22 failed to the fact that they were Co-Trustees who had beneficial interests in and  
23 received distributions from the Trust in their Chapter 7 schedules.

24 (D) Sanders and Murray-Calcote were required provide additional records and  
25 documentation by the US Trustees and Chapter 7 trustees regarding inaccuracies in  
26 their Chapter 7 schedules.

1 (E) As of the June 20, 2017, "Notice of Continuance", the Defendant is still  
2 being asked by the Chapter 7 trustee to amend his Statement of Financial Affairs  
3 ("SOFA") item 5 and 27. EXHIBIT I

4 17. Defendant concealed income and assets that he received from the Trust and stated  
5 under oath and signed under penalty of perjury at his 341(a) hearings on March 9, 2017 and  
6 March 23, 2017 that he read the petition and schedules and that the information contained therein  
7 was accurate and correct.

8 18. As a beneficiary and Co-Trustee of the Trust, the Defendant received enough  
9 money (in excess of \$98,600) in inheritance and compensation to pay down, most, if not all, of his  
10 listed debt.

#### 11 FIRST CLAIM FOR RELIEF

##### 12 Nondischargeability against the Defendant Ralph E. Sanders – Pursuant to 11 U.S.C. §523(a)(6)

13 19. The Plaintiff adopts, incorporate by reference, and alleges herein all of the  
14 allegations set forth in paragraph 1 through 18 inclusive, as if set forth individually in this Second  
15 Claim for Relief.

16 20. Pursuant to §523(a)(6) of the United States Bankruptcy Code, a debt incurred by a  
17 Defendant who engages in willful and malicious conduct that results in damages shall be  
18 nondischargeable.

19 21. Defendant acted willfully, maliciously and with deliberate intent to damage and to  
20 defame Plaintiff by falsely accusing Plaintiff of the crime of Elder Abuse.

21 22. Defendant's willful disregard for the needs of the Decedent when she was alive  
22 and dependent on Decedent to provide caregiver services for her were the proximate causes of the  
23 Decedent's death.

24 23. Defendant's willful disregard of his duties as Co-Trustee of the Bobbye J. Rives  
25 Trust to the beneficiaries and to administer the Trust according to the law damaged Plaintiff.

26 24. In committing the acts hereinabove described, the Defendant's willful and  
27 malicious conduct resulted in Plaintiff filing the two civil lawsuits for damages that he is now  
28 seeking to defeat with a Chapter 7 bankruptcy discharge.

1 25. Because thereof, Plaintiff is entitled to punitive and exemplary damages in an  
2 amount to be determined at the time of trial.

3  
4 **SECOND CLAIM FOR RELIEF**

5 **Nondischargeability of Defendant – Pursuant to 11 U.S.C. §727(a)(4)(A)(B)**

6 26. The Plaintiff adopts, incorporates by reference, and alleges herein all of the  
7 allegations set forth in paragraph 1 through 25 inclusive, as if set forth individually in this Second  
8 Claim for Relief.

9 27. Pursuant to § 727(a)(4)(A)(B) of the United States Bankruptcy Code, “(a) the court  
10 shall grant the debtor a discharge, unless (4) the debtor knowingly and fraudulently, in or in  
11 connection with the case (A) made a false oath or account; (B) presented or used a false claim;

12 28. On January 25, 2017, within 3 months of the commencement of the civil trial in  
13 the Superior Court of San Diego, the Defendant filed fraudulent financial figures on his Chapter 7  
14 Bankruptcy schedules and concealed the fact that he was a Co-Trustee and beneficiary of the  
15 Trust.

16 29. During 341(a) hearings held March 9, 2017 and March 23, 2017, the Defendant  
17 verbally affirmed, under oath, that he read his petition and that financial figures he provided on  
18 his Chapter 7 Bankruptcy petition were true and accurate.

19 30. The Defendant knowingly and fraudulently, in or in connection with his Chapter 7  
20 Bankruptcy case made a false oath or account and presented or used a false claim regarding the  
21 Defendant’s status as a beneficiary and Co-Trustee of the Trust and his “personal liability” for the  
22 pending lawsuits.

23 31. As a direct and proximate result of the foregoing, Plaintiff (and all creditors) have  
24 suffered damages in an amount not presently ascertained but believed to be in excess of \$300,000  
25 (the “personal liability” assigned by the Defendant for the pending lawsuits) which should be  
26 exempted from discharge in the Defendant’s bankruptcy.

27 32. In committing the acts hereinabove described, the Defendant acted fraudulently,  
28 willfully and with deliberate intent to deceive Plaintiff and the Court, and because thereof,

1 Plaintiff is entitled to punitive and exemplary damages in an amount to be determined at the time  
2 of trial.

3  
4 **PRAYER FOR RELIEF**

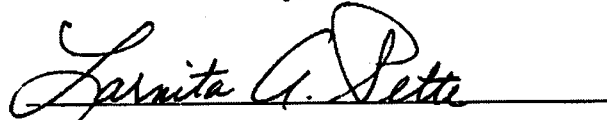
5 WHEREFORE, Plaintiff requests judgment against Defendant follows:

6 1. On the First Claim for Relief, for judgment against the Defendant determining that  
7 the Defendant's willful and malicious conduct towards the Plaintiff resulted in the two pending  
8 lawsuits. Therefore, the two pending lawsuits are not dischargeable in his bankruptcy case and for  
9 judgment according to proof.

10 2. On the Second Claim for Relief, for judgment against Defendant determining that  
11 the Defendant knowingly and fraudulently, in or in connection with his Chapter 7 Bankruptcy  
12 case made a false oath and used a false claim regarding the Defendant's status as a beneficiary  
13 and Co-Trustee of the Trust and his liability for the pending lawsuits, is not dischargeable in his  
14 bankruptcy case and for judgment according to proof.

15 3. The Plaintiff is awarded its costs of suit incurred herein and for such other and  
16 further relief, as this Court deems proper.

17  
18 Dated this 12th of July, 2017

19  
20   
21 Larnita A. Pette, Pro Se

# EXHIBIT 1



WENETA M.A. KOSMALA, TRUSTEE  
3 MacArthur Place, Suite 760  
Santa Ana, CA 92707  
Telephone: (714) 708-8190  
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING  
OF CREDITORS AND APPEARANCE  
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ  
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to March 23, 2017 at 11:01 AM in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

documents outstanding: notice waived  
2015 TAX RETURNS (RETURN)  
CHASE BANK STATEMENTS 11/1/16 - PRESENT (RETURN)

Dated: March 16, 2017

/s/ WENETA M.A. KOSMALA  
WENETA M.A. KOSMALA  
Chapter 7 Trustee



I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.



I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 3/16/17.

/s/ David M. Fitzgerald  
David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE  
3 MacArthur Place, Suite 760  
Santa Ana, CA 92707  
Telephone: (714) 708-8190  
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION

In re:

Sanders, Ralph I:

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING  
OF CREDITORS AND APPEARANCE  
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ  
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to April 13, 2017 at 11:01 AM in Room 3-110. United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

UPLOAD COPY OF BOBBYE J. RIVES TRUST AND ACCOUNTING, DISPOSITION AND PURPOSE FOR ALL MONIES PAID TO/FROM DEBTOR FROM THE TRUST  
COPIES OF ALL CHECK RECEIVED FROM TRUST DISTRIBUTIONS  
UPLOAD BANK STATEMENTS ALL ACCOUNTS 1/1/15 TO PRESENT INCLUDING RB HOUSING, CHASE, BOBBYE J. RIVES TRUST, CONTINENTAL CURRENCY; BANK OF AMERICA  
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT  
ALL DOCUMENTS RE DISPOSITION AND PURPOSE OF ALL MONIES RECEIVED FROM TRUST DISBURSMENTS  
AMEND SCHEDULE B ITEM 32 AND SOFA ITEM 5  
ALL ATTORNEY STATEMENTS & BILLS  
CHART OF HOW ALL MONIES FROM TRUST WERE SPENT

Dated: March 27, 2017

/s/ WENETA M.A. KOSMALA  
WENETA M.A. KOSMALA  
Chapter 7 Trustee



I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.



I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 3/27/17.

/s/ David M. Fitzgerald  
David M. Fitzgerald

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WENETA M.A. KOSMALA, TRUSTEE  
3 MacArthur Place, Suite 760  
Santa Ana, CA 92707  
Telephone: (714) 708-8190  
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING  
OF CREDITORS AND APPEARANCE  
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ  
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to April 27, 2017 at 10:01 AM in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

PURPOSE FOR ALL MONIES PAID TO/FROM DEBTOR FROM THE BOBBYE J. RIVES  
COPIES OF ALL CHECKS RECEIVED FROM TRUST DISTRIBUTIONS  
UPLOAD CHASE BANK STATEMENTS ROBBIE BOBBYE HOUSING INC 4/30/16 - 8/31/16 AND  
12/31/16 - PRESENT ALL ACCOUNTS  
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT  
AMEND SCHEDULE B ITEM 32 AND SOFA ITEM 5  
CHART OF HOW ALL MONIES FROM TRUST WERE SPENT  
ALL ATTORNEY INVOICES AND LEDGERS  
BANK STATEMENTS REFLECTING PAYMENTS TO ATTORNEYS, OR A DETAILED  
ACCOUNTING FOR CASH PAYMENTS, INCLUDING ACCOUNTING FOR SOURCE OF FUNDS  
ALL DOCS RE WITHDRAWALS FROM ROBBIE BOBBYE HOUSING INC., INCLUDING: \$6,300  
ON 4/23/16 - \$4,780 ON 10/4/16 - \$5,710 ON 11/7/16 - \$2,150 ON 11/7/16  
COPY OF LOANME APPLICATION  
COPIES OF DEPOSITS INTO ROBBIE BOBBYE HOUSING INC. (COPIES OF CHECKS AND  
RECEIPTS)  
ALL DOCUMENTS RE TERMS OF DEBTOR'S COMPENSATION

Dated: April 17, 2017

/s/ WENETA M.A. KOSMALA

WENETA M.A. KOSMALA

Chapter 7 Trustee



I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.



I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 4/17/17.

/s/ David M. Fitzgerald

David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE  
3 MacArthur Place, Suite 760  
Santa Ana, CA 92707  
Telephone: (714) 708-8190  
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING  
OF CREDITORS AND APPEARANCE  
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ  
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to **May 25, 2017 at 10:02 AM** in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

Off calendar; documents outstanding; notice e-mailed  
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT (received  
residential lease agreement 4/11/17 that has nothing to do with Debtor's property management agreement)  
AMEND STATEMENT OF FINANCIAL AFFAIRS ITEM 5 AND 27

Dated: May 02, 2017

/s/ WENETA M.A. KOSMALA  
WENETA M.A. KOSMALA  
Chapter 7 Trustee

- ☒ I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.
- ☐ I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 5/2/17.

/s/ David M. Fitzgerald  
David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE  
3 MacArthur Place, Suite 760  
Santa Ana, CA 92707  
Telephone: (714) 708-8190  
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING  
OF CREDITORS AND APPEARANCE  
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ  
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to June 19, 2017 at 10:02 AM in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

off calendar: documents outstanding: notice e-mailed  
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT (received  
residential lease agreement 4/11/17 that has nothing to do with Debtor's property management agreement)  
AMEND STATEMENT OF FINANCIAL AFFAIRS ITEM 5 and 27

Dated: May 25, 2017

/s/ WENETA M.A. KOSMALA  
WENETA M.A. KOSMALA  
Chapter 7 Trustee

☒ I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.

☐ I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 5/25/17.

/s/ David M. Fitzgerald  
David M. Fitzgerald

WENETA M.A. KOSMALA, TRUSTEE  
3 MacArthur Place, Suite 760  
Santa Ana, CA 92707  
Telephone: (714) 708-8190  
Facsimile: (714) 509-1760

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION

In re:

Sanders, Ralph E

Debtor(s).

Case No. 8:17-BK-10265-MW

Chapter 7

NOTICE OF CONTINUED MEETING  
OF CREDITORS AND APPEARANCE  
OF DEBTOR(S) 11 U.S.C. §341(a)

COUNSEL: (PRO SE) ZZ  
TO THE ABOVE NAMED DEBTOR(S):

You are hereby notified that the Meeting of Creditors pursuant to Title 11 U.S.C. Section 341(a) in the above-entitled matter was continued to July 18, 2017 at 10:02 AM in Room 3-110, United States Bankruptcy Court, 411 W. Fourth Street, Santa Ana, CA 92701 for the reason set forth below:

Off calendar; documents outstanding  
UPLOAD COPY OF DEBTOR'S AGREEMENT RE PROPERTY MANAGEMENT (received  
residential lease agreement 4/11/17 that has nothing to do with Debtor's property management agreement)  
AMEND STATEMENT OF FINANCIAL AFFAIRS ITEM 5 and 27

Dated: June 20, 2017

/s/ WENETA M.A. KOSMALA  
WENETA M.A. KOSMALA  
Chapter 7 Trustee

☒ I certify that Debtor(s)' Counsel in the above referenced case waived Notice of the Continued 341(a) meeting.

☐ I certify that I served the within Notice on the above Debtor(s), Debtor(s)' Counsel, and the Office of the United States Trustee on, 6/20/17.

/s/ David M. Fitzgerald  
David M. Fitzgerald

**EXHIBIT 3**

5/5/17

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  RALPH SANDERS 1251 W BISHOP SANTA ANA, CA 92703  <input checked="" type="checkbox"/> Individual appearing without attorney <input type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY  <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>FILED</b> <b>MAY 05 2017</b> CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY: Deputy Clerk</div>
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION</b>	
In re:  RALPH SANDERS    Debtor(s)	CASE NO.: 8:17-BK-10265(C) CHAPTER: 7  <b>SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]</b>

A filing fee is required to amend Schedules D or E/F (see [Abbreviated Fee Schedule](http://www.cacb.uscourts.gov) on the Court's website [www.cacb.uscourts.gov](http://www.cacb.uscourts.gov)). A supplemental master mailing list (do not repeat any creditors on the original) is required as an attachment if creditors are being added to the Schedule D or E/F.  
Are one or more creditors being added? ☐ Yes ☐ No

The following schedules, master mailing list or statements (check all that apply) are being amended:

- ☐ Schedule A/B   ☐ Schedule C   ☐ Schedule D   ☐ Schedule E/F   ☐ Schedule G  
☐ Schedule H   ☐ Schedule I   ☐ Schedule J   ☐ Schedule J-2   ☒ Statement of Financial Affairs  
☐ Statement About Your Social Security Numbers   ☐ Statement of Intention   ☐ Master Mailing List  
☐ Other (specify) \_\_\_\_\_

I/we declare under penalty of perjury under the laws of the United States that the amended schedules, master mailing list, and or statements are true and correct.

Date: 5-5-17

*Ralph Sanders*  
Debtor 1 Signature

Debtor 2 (Joint Debtor) Signature (if applicable)

**NOTE:** It is the responsibility of the Debtor, or the Debtor's attorney, to serve copies of all amendments on all creditors listed in this Summary of Amended Schedules, Master Mailing List, and/or Statements, and to complete and file the attached Proof of Service of Document.



## PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

A true and correct copy of the foregoing document entitled (*specify*): **SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]** will be served or was served (a) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (b) in the manner stated below:

1. **TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF):** Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) \_\_\_\_\_, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

☐ Service information continued on attached page

2. **SERVED BY UNITED STATES MAIL:** On (*date*) \_\_\_\_\_, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

☒ Service information continued on attached page

3. **SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL** (*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) 5-5-17, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

WENATA KOSMALA  
3 MACAHER #760  
SANTA ANA, CA 92707

☐ Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

5-5-17 RALPH SANDERS  
Date Printed Name

Ralph Sanders  
Signature

Fill in this information to identify your case:

Debtor 1	<u>Ralph E. Sanders</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Central District of California</u>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married  
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1

Ralph E. Sanders

First Name

Middle Name

Last Name

Case number (if known)

## 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b> <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
<b>For last calendar year:</b> (January 1 to December 31, 2015) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ 20,858.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
<b>For the calendar year before that:</b> (January 1 to December 31, 2014) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ 32,269.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$

## 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b> RIVESTRUST RBHOUSING (FOOD, GAS)	\$ 9,680 \$ 3,200 \$		\$ \$ \$
<b>For last calendar year:</b> (January 1 to December 31, 2016) YYYY	Unemployment \$ 2,568.00 \$ \$		\$ \$ \$
<b>For the calendar year before that:</b> (January 1 to December 31, 2015) YYYY	Unemployment \$ 6,807.00 \$ \$		\$ \$ \$

Debtor 1

Ralph E. Sanders

First Name

Middle Name

Last Name

Case number (if known)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
800 Loanmart Creditor's Name	11/01/2016	\$ 2,058.00	\$ 9,227.00	<input type="checkbox"/> Mortgage
Number Street	12/01/2016			<input checked="" type="checkbox"/> Car
P. O. Box 260210	01/01/2017			<input type="checkbox"/> Credit card
Encino CA 91426 City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

Debtor 1

Ralph E. Sanders

First Name Middle Name Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  
*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				